

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/27/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 95851 for the dates of service 06/21/02, 07/08/02, 07/22/02, and 08/05/02.

II. RATIONALE

The Requestor billed the Respondent \$144.00 for CPT code 95851 for the dates of service 06/21/02, 07/08/02, 07/22/02, and 08/05/02. Services were denied as "F-Disallowed; our records indicate this service/procedure included in another service/procedure. O-Previous recommendation(s) will stand as they were defined and no additional recommendation is due based on TWCC Medical Fee Guidelines/Rules"

This code is only considered global to 99213 when it is performed by a physical or occupational therapist per MFG MGR (I)(A)(8). According to the medical documentation, the procedure was performed by a Chiropractor. Therefore, reimbursement is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review has determined that the requestor **is** entitled to reimbursement for CPT code 95851. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$144.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 14th day of November 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb